

Case Number:	CM15-0013431		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male sustained a work-related injury on 6/2/2011 due to cumulative trauma. According to the PR2 dated 12/8/2014, the injured worker's (IW) diagnoses are left shoulder and bilateral knee strain and lumbosacral disc rupture. He reports low back and right knee pain. Previous treatment includes epidural steroid injections, Gabapentin, Flexeril and topical creams. The treating provider requests physical therapy three times weekly for six weeks for the lumbar spine and both knees and left shoulder. The Utilization Review on 12/30/2014 non-certified physical therapy three times weekly for six weeks for the lumbar spine and both knees and left shoulder, citing CA MTUS guidelines for shoulder, low back and knee complaints.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3x6 for the lumbar spine, both knees and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic, Shoulder and Knee & Leg (Acute and Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 8 of 127.

Decision rationale: No, the request for 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. The MTUS position on physical therapy is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, on the December 8, 2014 progress note on which the article in question was endorsed, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for 18 additional sessions of physical therapy was not medically necessary.